

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JUN 16 PM 2:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000076134

1. Corporation Name

ACQUISITION PARTNERS II, INC.

Principal Place of Business

Mailing Address

4350 WEST CYPRESS ST
SUITE 440
TAMPA, FL 33607

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

533 S HOWARD AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#852

City & State

City & State

TAMPA, FL

Zip

Country

Zip

33606

Country

HILLSBOROUGH

4. Date Incorporated or Qualified
To Do Business in Florida

08/25/98

5. FEI Number

59-3600168

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P.D.T.S.	ALEXANDER HERN	4350 WEST CYPRESS STREET SUITE 440	TAMPA, FL 33607

500003312415-2
-07/05/00--01013--007
****900.00 ****900.00

8. Name and Address of Current Registered Agent

LEONARD, RIVERSON-S
3001 N. ROCKY POINT DR E
SUITE 200
TAMPA, FL 33607

9. Name and Address of New Registered Agent

Name
LEONARD, RIVERSON S
Street Address (P.O. Box Number is Not Acceptable)
4350 W. CYPRESS STREET
Suite, Apt. #, Etc.
440
City
TAMPA
State
FL
Zip Code
33607

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

KE

11. This corporation owes or has paid the current year

Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the name of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-10-00

813-414-0233